

Results from the Fall 2004 MRC/NYC Volunteer Survey

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Overview

- Survey purposes
- Survey results
- Implications for volunteer management and emergency activation



Survey Purpose

- Survey had several purposes
 - To determine best practices for recruiting volunteers
 - To establish what the most useful educational media are
 - To investigate competing obligations that volunteers may have during emergencies
 - To explore how quickly volunteers think they might be available to respond



Methods

- Surveys were mailed to 2917 volunteers
 - All volunteers registered through November 11, 2004
 - Mailed with MRC ID Card, Volunteer Liability Protection Form, and postage-paid envelope for ease of return



Methods (2)

- Data was entered into a Microsoft Access 2000 database
 - Single-entry; 2 separate individuals entering data
 - Error rate=3.50%
- Data was analyzed using the SAS[®] System 9.0 for Windows
 - Missing data not included in totals for analysis



Data Entry Rules

- If respondents wrote in “Possibly” or “Maybe” as answers to “Yes/No” questions, they were entered as “Yes”
- If 2 boroughs were listed for work location, the first one that appeared was entered
- Transportation, and learning and enrollment methods that were checked off were entered as “Yes;” no mark was entered as “No”
- For hours to report coverage, the lower bracket that contained the highest number of hours was used (e.g., 4-8 hrs was entered as 6-12 hrs)



Data Entry Rules (2)

- For the question about which days and times volunteers could respond within 4 hours, only those days/times that were circled were entered as “Yes;” if not circled, entered as “Missing”
- Data entry staff were asked to enter “Missing” if responses that were supposed to be answered were left blank to indicate that the data was missing, and was not simply skipped by them



Data Entry Rules (3)

- For the question that asked volunteers to rank their top 3 professional obligations
 - If “none,” “N/A,” or a mark that indicated “nothing” was used, the primary obligation was entered as “MRC”, and the remaining two were entered as “None”
 - If all 3 spaces were left blank, the obligations were each entered as “Missing” and the word “Missing” was entered in the “Other” write-in field



Data Analysis Part I: All Volunteers



Response Rate

- All surveys received by March 30, 2005 were included in data analysis
 - 1842 respondents
- Response rate=63%



Survey Population (N=2917)

Disciplines	N	%
MD/DO	430	14.76
PA	81	2.78
NP	81	2.78
RN/APRN	809	27.69
RPh/PharmD	95	3.26
Mental Health	666	22.82
DDS/DMD	162	5.56
Other	593	20.35



Respondents: Primary Discipline Info (N=1793)

Disciplines	N	%
MD/DO	293	16.34
PA	46	2.57
NP	31	1.73
RN/APRN	504	28.11
RPh/PharmD	66	3.68
Mental Health	401	22.36
DDS/DMD	108	6.02
Other	344	19.19



Respondents: Secondary Discipline Info (N=105)

Disciplines	N	%
MD/DO	1	0.95
PA	0	0.0
NP	19	18.10
RN/APRN	9	8.57
RPh/PharmD	2	1.90
Mental Health	27	25.70
DDS/DMD	1	0.95
Other	46	43.82



Where do Respondents Live and Work?

- 1598 (86.94%; n=1809) indicated that they live in one of the five boroughs
- 1607 (88.83%; n=1573) work in one of the five boroughs



How Did They Learn About the MRC/NYC (n=1885)?

Method	N	%
Professional Group	745	39.52
Hospital	107	5.67
Commissioner's Letter	793	42.07
Friend/Colleague	156	8.28



What Made Them Enroll in the MRC/NYC (n=1415)?

Method	N	%
Professional Group	631	44.59
Hospital	64	4.52
Commissioner's Letter	579	40.92
Friend/Colleague	86	6.08



Various Educational Media Ratings

	Very/Somewhat Useful		Not Useful	
Media (N)	n	%	n	%
Print/Mail (1727)	1693	98.03	34	1.97
Internet (1755)	1706	98.03	49	1.97
Live Meeting (1636)	1571	96.03	65	3.97
Audio conference (1553)	1188	76.5	365	23.50



Respondents Listing at Least One Hospital as Their Primary Affiliation (n=1783)

- 770 respondents (43.19%) listed hospitals as their primary affiliations
 - Some listed multiple affiliations



Membership in Other Emergency Response Groups (n=1447)

- 129 (8.91%) indicated that they have obligations to emergency response groups besides the MRC



MRC Listed as Top Priority (n=1644)

- 1,574 (95.74%) indicated that the MRC is among their top 3 priorities during an emergency



MRC/NYC as Primary Obligation (n=1644)

- 360 (21.90%) respondents indicated that the MRC is their number one obligation during an emergency



MRC/NYC as Secondary Obligation (n=1644)

- 949 (57.73%) said that the MRC was the second priority during an emergency



MRC/NYC as Tertiary Obligation (n=1644)

- 265 (16.12%) said that the MRC ranked third among their obligations during an emergency



Potential Family Obligations (n=1797)

- 658 (36.62%) respondents indicated that family obligations could affect their ability to respond if the MRC were activated



Family Emergency Plans (n=1792)

- 756 (42.19%) of respondents said they have a family plan for dealing with emergencies
- 533 (29.74%) indicated that having a family plan does not apply to them



Time to Get Coverage (n=1348)

Time	N	%
<6 hrs	514	38.13
6-12 hrs	151	11.20
12-24 hrs	244	18.10
24-48 hrs	239	17.73
>48 hrs	200	14.84



Transportation Methods-Work (n=1707)

Method	N	%
NYC Transit	297	17.40
Commuter Rail/ Bus/Ferry	42	2.46
Drive/Carpool	768	44.99
Walk/Bike	591	34.62
Other	9	0.53



Vehicle Ownership (n=1829)

- 1,316 (71.95%) respondents indicated that they either had a car or had use of a car



Additional Factors That Could Affect Volunteers' Response (n=1702)

- 382 (22.44%) said that there were other factors that could affect their ability to respond
 - Most were related to family and other personal responsibilities
 - Many were redundant to obligations noted in responses to other questions



Data Analysis Part II: A Closer Look at MD/DO/NP/PA and Pharmacist Volunteer Responses



How Did MD/DO/NP/PA Volunteers Learn About the MRC/NYC (n=381)?

Method	N	%
Professional Group	172	45.14
Hospital	30	7.88
Commissioner's Letter	146	38.32
Friend/Colleague	33	8.66



What Made MD/DO/NP/PA Volunteers Enroll (n=297)?

Method	N	%
Professional Group	143	48.15
Hospital	22	7.40
Commissioner's Letter	114	38.39
Friend/Colleague	18	6.06



How Did Pharmacist Volunteers Learn About the MRC/NYC (n=63)?

Method	N	%
Professional Group	21	33.33
Hospital	5	7.94
Commissioner's Letter	35	55.55
Friend/Colleague	2	3.17



What Made Pharmacist Volunteers Enroll (n=51)?

Method	N	%
Professional Group	19	37.25
Hospital	3	5.89
Commissioner's Letter	27	52.94
Friend/Colleague	2	3.92



Hospitals as Primary Affiliation

- MD/DO/NP/PA respondents (n=379)
 - 239 (63.06%) list a hospital as their primary affiliation
 - Some have affiliations with multiple hospitals
- Pharmacist respondents (n=62)
 - 21 (33.87%) are primarily affiliated with a hospital



Membership in Other Emergency Response Groups

- MD/DO/NP/PA respondents (n=254)
 - 20 (7.87%) volunteers who answered this question indicated that they belong to at least one other emergency response group
- Pharmacist respondents (n=50)
 - 3 (6.00%) of pharmacists who answered this question belong to at least one other emergency response group



MRC Listed as Top Priority

- Among MD/DO/NP/PA respondents (n=390), 349 (89.49%) indicated that the MRC is among their top 3 priorities during an emergency
- For pharmacist respondents (n=66), 52 (78.78%) listed the MRC among their top 3 priorities



Perceived Obligation to MRC/NYC

	Primary Obligation		Secondary Obligation		Tertiary Obligation	
	n	%	n	%	n	%
MD/DO/ NP/PA	65	16.41	214	54.87	70	17.99
Pharmacists	18	27.27	30	45.45	4	6.06



Potential Family Obligations

- MD/DO/NP/PA respondents (n=381)
 - 154 (40.42%) respondents indicated that family obligations could affect their ability to respond if the MRC were activated
- Pharmacist respondents (n=63)
 - 29 (46.03%) of these volunteers said that family obligations could affect their ability to respond



Time to Get Coverage

	MD/DO/NP/PA (N=267)		Pharmacist (N=53)	
Time	n	%	n	%
<6 hrs	127	43.19	22	41.51
6-12 hrs	34	11.56	5	9.43
12-24 hrs	51	17.35	4	7.55
24-48 hrs	43	14.63	7	13.21
>48 hrs	39	13.27	15	28.30



Vehicle Ownership

- 303 of 388 (78.09%) of MD/DO/NP/PA respondents indicated that they own a car
- For pharmacist respondents, this was true for 59 out of 65 (90.77%)



Considerations: Survey Structure

- For the question about obligations (Q10), should have started the question and highlighted, “Including the MRC” to try to decrease the number of surveys without responses
- Should have specifically asked volunteers to provide time to get coverage as a number of hours
 - “Immediately” and “Few Hours” may be interpreted differently by different people



Considerations: Survey Structure (2)

- Must state that respondents should answer all questions
 - They may assume that a blank or non-circled response indicates that their answer is “No” when we cannot assume this to be true (esp. Q14)
- Should have had “Unknown” as an additional choice for the question about days/times can respond within 4 hours (Q14)



Considerations: Database Design and Data Entry

- Should have had “Yes/No” data entry option for “Other” choice for question 1 (how volunteers learned about MRC/enrolled)
- Where volunteers indicate which days and times they could respond within 4 hours (Q14), if a day/time was not circled, data was entered as “Missing”
 - Volunteers might have intended this to mean “No”



Considerations: Database Design and Data Entry (2)

- Question about professional obligations (Q10) should have had “Missing” as data entry choice



Implications for Volunteer Management

- The Commissioner of Health and professional groups have the greatest influence over volunteers' decisions to join
- Print/mail pieces, online/Internet trainings, and live presentations all hold the same value for volunteers
- Almost 30% of volunteers could benefit from MRC assistance with creating a family plan



Implications for Emergency Response

- Approximately 50% have affiliations with hospitals and/or other emergency response groups
 - Among clinicians this rises to 63%
- About 22% consider MRC as their first priority during an emergency
 - This percentage is lower among clinicians (16%), but higher among pharmacists (27%)
- While 67% could respond within 24 hours, only 38% could be at the PODs within 6 hours
 - CRI dictates that all POD staff be in place within 6 hours and all prophylaxis completed within 48 hours



Implications for Emergency Response (2)

- 6-hour (43%) and 24-hour (72%) response rates are slightly higher among critical MD/DO/NP/PA staff
- Pharmacists have a similar 6-hour response rate (42%), but lower 24-hour response rate (59%) compared with clinician counterparts



Implications for Emergency Response (3)

- It is difficult to determine what factors influenced responses to questions on professional obligations (Q10), time to get coverage (Q13) and reporting within 4 hours (Q14)
 - Do volunteers understand what is expected of them?
 - Did they answer the question in an emergency mindset?
 - What level of importance do they place on the public health response as compared with their perceived professional and public health obligations?



Implications for Emergency Response (4)

- It is difficult to know what respondents were thinking, and even what caused some to self-selectively respond to the survey
- With the information collected from volunteers on these issues, you can manage your community's expectations for emergency response and modify your plans accordingly
 - This could include development of executive orders to expand practice scopes and/or eliminate some licensing requirements altogether
 - Alternative methods for dispensing may also be developed (e.g., partnering with USPS)

